

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Holly J. Mitchell for County Supervisor 2020			Date of This Filing <u>08/24/2020</u>	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2020 AUG 24 PM 3: 39 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 706-2677	I.D. NUMBER (if applicable) 1415889	Report No. <u>11/3/20-11</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>1</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
08/22/2020	Warren Brodine Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Pediatric And Family Medical Center	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/24/2020	Bettina Duval Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Broadband (BRDBND)	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Reason for Amendment: _____
